



**CITY OF DETROIT – FINANCE DEPARTMENT – INCOME TAX DIVISION
EMPLOYER'S WITHHOLDING REGISTRATION**

IMPORTANT

Incomplete information will delay processing of your registration. Type or print legibly and complete all applicable items. Please read both instructions and registration carefully.

1. KIND OF OWNERSHIP OF THIS BUSINESS (Check applicable box(es).)

- ☐ (1) Individual
☐ (2) Husband - Wife
☐ (3) Partnership
☐ (3) Registered Partnership, Date: _____
☐ (3) Limited Partnership
- ☐ (4) Domestic Corporation
☐ (1) Subchapter S
☐ (2) Professional
☐ (5) Foreign Corporation
☐ (1) Subchapter S
- ☐ (6) Trust or Estate (Fiduciary)
☐ (7) Joint Stock Club or Investment Co.
☐ (8) Social Club or Fraternal Org.
☐ (9) Other (Explain)

Corporations Only: Which federal income tax returns will you file?

☐ 1120 ☐ 1120S ☐ 990C ☐ 990T ☐ Other _____

State of
Incorporation

Federal
I.D. No.

2a. GIVE DATE THAT LIABILITY WILL BEGIN FOR DETROIT INCOME TAX WITHHOLDING.

Mo. Day Year

2b. GIVE DATE THAT YOU FIRST PAID WAGES SUBJECT TO DETROIT INCOME TAX WITHHOLDING.

Mo. Day Year

3. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER? ☐ YES ☐ NO

4. IF ANSWER TO ITEM 3 IS "YES", GIVE EMPLOYER'S NAME AND IDENTIFICATION NO. IF KNOWN.

5. LIST NAME(S) OF OWNER, ALL PARTNERS OR CORPORATE OFFICERS. (Attach an additional list if necessary.)

A. NAME (Last, First, Middle) (Jr./Sr., III, etc.)

Title

Residence Address (Number and Street)

City, State, ZIP

Home Telephone No.

Social Security Number

Driver's License No./Mich. Personal Identification No.

Date of Birth

B. NAME (Last, First, Middle) (Jr./Sr., III, etc.)

Title

Residence Address (Number and Street)

City, State, ZIP

Home Telephone No.

Social Security Number

Driver's License No./Mich. Personal Identification No.

Date of Birth

C. NAME (Last, First, Middle) (Jr./Sr., III, etc.)

Title

Residence Address (Number and Street)

City, State, ZIP

Home Telephone No.

Social Security Number

Driver's License No./Mich. Personal Identification No.

Date of Birth

6. BUSINESS, TRADE, ASSUMED NAME OR DBA (if used)

7. LEGAL ADDRESS OF BUSINESS (Where all legal contact by INCOME TAX DIVISION should be made.)

Number and Street

Business Telephone No.

City, State, ZIP

County

8. MAILING ADDRESS (Where INCOME TAX DIVISION will send all tax forms, if different from 7.)

Number and Street, P.O. Box, City, State, ZIP

9. ACTUAL LOCATION OF BUSINESS (if different from 7.)

Number and Street, City, State, ZIP